



**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
-----------------------------------	-----------------	---

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**AFFIDAVIT**

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

**KCC Office Use ONLY**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1095246

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
---	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 245363

=====  
Invoice Date: 10/27/2011 Terms: 0/0/30,n/30

Page 1

VIVA INTERNATIONAL INC.  
ATTN: ROBERT  
8357 MELROSE DRIVE  
LENEXA KS 66214  
(913) 859-0438

DONLEY 11-V  
32993  
NE 31 22 19 AN  
10/21/11  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	75.00	10.4500	783.75
1118B	PREMIUM GEL / BENTONITE	126.00	.2000	25.20
	Description	Hours	Unit Price	Total
368	CEMENT PUMP (SURFACE)	1.00	775.00	775.00
368	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
368	CASING FOOTAGE	43.00	.00	.00
370	80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
558	MIN. BULK DELIVERY	1.00	330.00	330.00

=====  
Parts: 808.95 Freight: .00 Tax: 63.10 AR 2232.05  
Labor: .00 Misc: .00 Total: 2232.05  
Sublt: .00 Supplies: .00 Change: .00  
=====

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

ELDORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

GILLETTE, WY  
307/686-4914

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

WORLAND, WY  
307/347-4577



**CONSOLIDATED**  
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

TICKET NUMBER 32993  
LOCATION Ottawa  
FOREMAN Alan Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-21-11	8507	Donley H-2	NE 31	22	19	AN
CUSTOMER Viva International			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 8357 Melrose Dr			576	Alan M	Safety	Meat
CITY STATE ZIP CODE Lenexa KS 66214			368	Arten M	AM	
			370	Gary M	GM	
			558	Keith C	ISC	

JOB TYPE Surface HOLE SIZE 11 plus HOLE DEPTH 43 CASING SIZE & WEIGHT 7"  
 CASING DEPTH 43' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 13/4 DISPLACEMENT PSI 100 MIX PSI - RATE 5 bpm

REMARKS: ~~43'~~ Held crew meeting. Established rate. Mixed & Pumped 75 50 50 150 202 plus 27 gal. well tools extra cement due to huge wash out. Displaced casing with clean water. Circulated 3661 cement.

HAT, Mike

*Alan Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54065	1	PUMP CHARGE		775.00
5406	30	MILEAGE		120.00
5702	43'	casing footage		-
5707	min	ten miles		330.00
5502c	1 1/2	80 vac		135.00
1124	75	50 150 202		783.75
1118B	124	981		25.20
				SALES TAX
				ESTIMATED
				TOTAL

*245 263*

SALES TAX 63.10  
ESTIMATED TOTAL 2232.05

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



**CONSOLIDATED**  
Oil Well Services, LLC

0322

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 246084

Invoice Date: 11/28/2011 Terms: 0/0/30,n/30

Page 1

VIVA INTERNATIONAL INC.  
ATTN: ROBERT  
8357 MELROSE DRIVE  
LENEXA KS 66214  
(913) 859-0438

DONLEY V-2,V-3,1-11,V-10  
45207  
32-22S-14E  
11-21-11  
KS

Part Number	Description	Qty	Unit Price	Total
1202	ACID INHIBITOR	1.00	46.0000	46.00
1219B	STIMOIL FBA	2.00	55.0000	110.00
1275	15% HCL	300.00	2.4000	720.00
1268	CITY WATER	10920.00	.0156	170.35
1231	FRAC GEL	200.00	6.0000	1200.00
1215A	KCL (1/1000)	12.00	36.5000	438.00
1205A	BIOCIDE (AMA-35-D-P) (DR	6.00	30.0000	180.00
1208	BREAKER LEB4-ESA 14-GB10	1.00	187.0000	187.00
4326	7/8" RUBBER BALL SEALERS	51.00	3.0000	153.00
2101	20/40 BROWN SAND	800.00	.2500	200.00
2102	12/20 BROWN SAND	3900.00	.2700	1053.00

Description	Hours	Unit Price	Total
VALVE FRAC VALVES (2" OR 3")	4.00	100.00	400.00
BALLI BALL INJECTOR	4.00	.00	.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	4.00	1250.00	5000.00
476 MILEAGE CHARGE (ONE WAY)	40.00	4.00	160.00
482 MIN. BULK DELIVERY	1.00	315.00	315.00
490 MILEAGE CHARGE (ONE WAY)	40.00	4.00	160.00
T-102 WATER TRANSPORT	10.00	112.00	1120.00
582 MINIMUM ACID SPOTTING CHARGE	4.00	375.00	1500.00
582 MILEAGE CHARGE (ONE WAY)	40.00	4.00	160.00

Parts: 4457.35 Freight: .00 Tax: 25.22 AR 13297.57  
 Labor: .00 Misc: .00 Total: 13297.57  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

PONCA CITY, OK  
580/762-2303

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914



PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

3rd  
Well

TICKET NUMBER 56173  
FIELD TICKET REF # 45207  
LOCATION THayer, KS.  
FOREMAN Landon Wessling

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-21-11	8507	Donnelly ✓-11	32	22S	19E	AN
CUSTOMER VIVA						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
476	JOSH		
490	DON		
482	MARCUS		
618	MARVIN		
488	Brian		
582	Wess		

**WELL DATA**

CASING SIZE	2 7/8	TOTAL DEPTH	
CASING WEIGHT		PLUG DEPTH	
TUBING SIZE		PACKER DEPTH	
TUBING WEIGHT		OPEN HOLE	
PERFS & FORMATION	840-863 (31)		

**TYPE OF TREATMENT**  
SPOT + FRAC

**CHEMICALS**

Acid	KCl
Inhib	Biocide
Stim oil	Breaker
Gel	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD						BREAKDOWN 525
20/40				200 #		START PRESSURE
12/20				400 #		END PRESSURE
Balls/Seals (17)						BALL OFF PRESS
						ROCK SALT PRESS
12/20				500 #		ISIP VAC
						5 MIN
						10 MIN
						15 MIN
OVER FLUSH	5					MIN RATE
Released balls						MAX RATE
FLUSH	10					DISPLACEMENT
TOT #1	75			TOTAL SAND 1100		

REMARKS:

---



---



---



---



---

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 11-21-11

Terms and Conditions are printed on reverse side.